

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-04-1646-01  
IRO Certificate No.: 5259

December 16, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

### **CLINICAL HISTORY**

\_\_\_\_, a 38 year old male, injured his lower back while working as a merchandiser for \_\_\_\_\_. He was moving boxes of bottles when he pulled his groin and lower back. He subsequently underwent multiple forms of intervention, including physical therapy, chiropractic care, medication, injections, facet neurectomy, micro-discectomy surgery. Evaluations included MRI, EMG/NCV, FCE, mental health work-up. He has had a prescriptions filled for antidepressant medication, although it appears from the record that this has not been consistently approved with some mixed results as a consequence. He has been diagnosed with failed back syndrome along with a depressive disorder. He has had work ups with multiple physicians, including a mental health evaluation. Requests for a full chronic pain management program have been denied, subsequent lower levels of service have been partially approved as a compromise and he has had a few sessions of group and individual therapy.

The request for a full chronic pain management program has again been requested and denied. This is thus referred for medical dispute resolution purposes through the IRO process.

#### REQUESTED SERVICE (S)

Medical necessity of the proposed 30 days chronic pain management program.

#### DECISION

There is establishment of medical necessity for the progression of this patient into a chronic pain management program.

#### RATIONALE/BASIS FOR DECISION

*Chronic pain or chronic pain behavior is defined as devastating and recalcitrant pain with major psychosocial consequences. It is self sustaining, self regenerating and self-reinforcing and is destructive in its own right as opposed to simply being a symptom of an underlying somatic injury. Chronic pain patient's display marked pain perception and maladaptive pain behavior with deterioration of coping mechanisms and resultant functional capacity limitations. The patients frequently demonstrate medical, social and economic consequences such as despair, social alienation, job loss, isolation and suicidal thoughts. Treatment history is generally characterized by excessive use of medications, prolonged use of passive therapy modalities and unwise surgical interventions. There is usually inappropriate rationalization, attention seeking and financial gain appreciation.*

The patient fulfils these criteria and exhibits the described behaviors. He is a conservative and surgical failure. There is sufficient evidence available that he suffers from significant depressive and psychosocial factors that are compromising potential for further recovery. These have not been adequately addressed with the care provided to date.

A chronic pain program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work. It would seem to be an appropriate intervention with this patient.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 12<sup>th</sup> day of December 2003.